

# Lancaster County-Wide Communications



## Audio Duplication Request Form

Name \_\_\_\_\_ Title \_\_\_\_\_  
Agency \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_

Duplication Format  Condensed Time  Real Time  
Date of Incident: \_\_\_\_\_ Incident # \_\_\_\_\_  
Time of Incident: (From) \_\_\_\_\_ (To) \_\_\_\_\_

Section Requested:  
 9-1-1 Telephone (Criminal Justice Only)  
 Fire/EMS Telephone (Criminal Justice Only)  
 Police Telephone (Criminal Justice Only)  
 Police Radio Talk Group \_\_\_\_\_ (Criminal Justice Only)  
 Fire/EMS Radio Talk Group \_\_\_\_\_

Nature of incident and reason for request (Investigation, Training, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

[\\*You may email this request to AudioDuplication@LCWC911.us](mailto:AudioDuplication@LCWC911.us)

**\*All CD's must be picked up at LCWC**

I authorize the above named individual access to the aforementioned incident.

\_\_\_\_\_  
Printed Name Title (Authorized Individual)  
\_\_\_\_\_  
Signature Date

Disposition of Request:

\_\_\_\_\_  
Printed Name (LCWC Representative) Title  
\_\_\_\_\_  
Signature Date

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